



TEAM EMPLOYMENT, LLC

Application for Employment

Falsification of information is grounds for termination.

Please complete the first three pages, plus additional highlighted areas. Two forms of ID must be presented before placement. We are an equal opportunity employer.

DATE (Fecha): ____/____/____

PLEASE PRINT

PERSONAL INFORMATION

Last Name _____ First Name _____ M/I _____

(Apellido) (Primero Nombre)

Address _____ City _____ State _____ Zip _____

(Direccion) (Ciudad) (Estado) (codigo postal)

Telephone # (____) _____ Emergency Contact _____ # (____) _____ Over 18? _____

(numero de telefono) (numero de telefono para emergencia) (mayor de edad)

DOB: ____/____/____ Driver's License # _____ Class _____ State _____

(fecha de nacimiento) (numero de licencia) (clase y estado de licencia)

Other types of licenses? (List separately) _____ CDL _____ HAZMAT _____

(otro tipos de licencias)

Social Security Number _____ - _____ - _____ Foreign Language _____ Read _____ Speak _____ Write _____

(seguro social) (idiomas) (leer) (hablar) (escribir)

How did you learn about Team Employment? FRIEND _____ YELLOW PAGES _____ NEWSPAPER _____ OTHER: _____

(¿Como encontro nuestra compania?) (amigo) (paginas amarillas) (periodico) (otro)

AVAILABILITY

Check the days you are available: MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

(Dias que usted puede trabajar) (Lunes) (Martes) (Miercoles) (Jueves) (Viernes) (Sabado) (Domingo)

Are you seeking: FULL-TIME PART-TIME Are you seeking: TEMPORARY PERMANENT

(Esta buscando:) (Esta buscando: temporal permanente)

What type of position are you seeking? _____ Available start date: _____

(¿Tipo de trabajo que busca?) (¿Fecha que pueda emesar?)

Wage required: _____ What shifts are you willing to work? 1st 2nd 3rd Rotating Spot Jobs

(¿Que turno puede trabajar?)

Would you be interested in out-of-town work? _____ What distance are you willing to travel? _____

(¿Puede trabajar afuera de la Ciudad donde vive?) (¿A que distancia puede viajar?)

Transportation: _____ PERSONAL AUTO _____ BIKE _____ WALK _____ FRIEND/RELATIVE Are you willing to carpool? _____

(transporte: auto bicicleta camina amigo/familia)

PRE-EMPLOYMENT QUESTIONS

• Have you ever been convicted of a felony or misdemeanor? YES NO

If YES, please explain: _____

• Are you currently on parole, or a work release program, or a member of a halfway house? YES NO

If YES, what requirements are necessary to assure successful employment? _____

• Do you have an injury or condition which would require accommodations? YES NO

If YES, how can we accommodate you? _____

• **Some job assignments may require a pre-employment drug screening!** Are you willing to comply with any drug testing requirements before placement? YES NO

EDUCATION

High School 1 2 3 4 GED _____ College 1 2 3 4 Degree: _____

Business/Vocation _____ Certification Number and Type _____

Are you presently a student? _____ Do you plan to return to school? _____ If yes, when? _____

EMPLOYMENT HISTORY

MUST BE COMPLETED BEFORE YOU CAN BE INTERVIEWED.

Please be thorough & accurate as we do check references prior to placement.

Company Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor: _____ Wage: _____

Terminated/Quit/Reason? _____ May we contact? _____

Job Title/Duties _____

Company Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor: _____ Wage: _____

Terminated/Quit/Reason? _____ May we contact? _____

Job Title/Duties _____

Company Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor: _____ Wage: _____

Terminated/Quit/Reason? _____ May we contact? _____

Job Title/Duties _____

Company Name: _____ From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Supervisor: _____ Wage: _____

Terminated/Quit/Reason? _____ May we contact? _____

Job Title/Duties _____

EMPLOYEE SKILLS

****Please provide the name of the company where you learned these skills.****

Accounting:

Functions _____

Other _____

Computer Skills:

Hardware Used _____

Software Used _____

Other _____

Office:

Customer Service _____ Data Entry _____

Receptionist _____ Secretarial _____

Typist _____ Words/Minute _____

Finance:

Banking _____

Industrial Services:

Assembly _____

Bakery _____

Quality Control _____

Inventory Taker _____

Material Handler:

Under 25 lbs _____ Over 25 lbs _____ Furn. _____

Special Services (Food, Guard, etc.) _____

Landscaping/Grounds-keeping _____

Maintenance _____

Human Resources:

Certifications _____

Other _____

Sales:

Building/Structural:

Carpenter _____

Construction _____

Drywall _____

Electrician _____

Pipe Fitter _____

Mechanic/Repairer _____

Welding: MIG TIG ARC Stick

Other _____

Vehicles:

Vehicles / Motorized Equipment Operated _____

Special Licenses _____

Auto Mechanics _____

Diesel Mechanics _____

Machine Operator:

CNC Lathe Operator _____

Extruder Operator _____

Machinery _____

Painting:

Industrial _____

Roller _____

Any other skills not listed above:

GENERAL KNOWLEDGE TEST

1. Draw a line 6 inches long. Mark and number each inch. On the even inches mark the $\frac{1}{4}$ " locations. On the odd inches mark the $\frac{1}{2}$ " location.

2. Put the following list of numbers in order from least to greatest:

239.06 _____

43.0 _____

4,192 _____

1.670 _____

782 _____

0.499 _____

3. Put the following list in alphabetical order:

Product _____

Warehouse _____

Allowance _____

Weight _____

Available _____

Production _____

Waste _____

4. If you witness a co-worker become injured, what would you do?

**BACKGROUND CHECK
RELEASE AND CONSENT FORM**

I authorize Team Employment, LLC, to contact and obtain information about me from any or all of my references, former employers, credit agencies, educational institutions, persons and law enforcement agencies, and to make inquiries about me, my employment and/or educational background. I release Team Employment, LLC, its employees, and all other persons and corporations from all liability and responsibility arising out of such inquiry. Further, I authorize the procurement of investigative credit and criminal reports and understand that such report may contain information as to my background and reputation. Further information may be available upon request and this authorization shall be valid for this and any further requests.

SIGNATURE: _____ DATE: ____/____/____
SOCIAL SECURITY #: _____ D.O.B.: ____/____/____
MAIDEN NAME / OTHER NAME USED: _____

TEAM EMPLOYMENT ADMONISHMENT

I, _____, understand that I am an employee of Team Employment and as such I am fully responsible for my conduct while on assignment. I realize that no assignment is an offer of full-time employment by Team Employment or their customers unless directly specified, and I may be replaced at the request of the customer at any time without notice. I understand that in the event that I do not turn in a time card to Team Employment for time worked complete with supervisor signature, Team Employment will be under no obligation to pay for the time worked. **Time cards are to be turned in no later than 8:00 am on the Monday immediately following the work week.**

When Team Employment, LLC, employs me, **I agree to report any incidents of injury within 24 hours of incident in order for compensation to be pursued. I recognize that Team Employment, LLC, is not under obligation to compensate for unreported incidents, or medical care not authorized by a staff member of Team Employment, LLC.** I also agree that if at any time I make claims against Team Employment, LLC, for personal injuries, upon written request, I will submit myself to examinations by physicians chosen by Team Employment, LLC, and I will be subject to post-incident drug testing (at the employee's expense).

I further understand that *misconduct* is a violation of a duty of obligation reasonably owed to Team Employment as a condition of employment and the following examples of misconduct will result in suspension and/or termination of employment:

1. FAILURE TO REPORT TO WORK – You must call in to **BOTH** the Team Employment office and to your employer at least one hour before your shift starts if you will not be able to work that day. (This will allow us time to find a replacement if the customer requests.)
2. SHOWING UP LATE – Our customers will not tolerate you being late. If this should happen, you will be docked 15 minutes of time every occurrence that you are late or you may be replaced.
3. REFUSING ASSIGNED WORK OR A CHANGE IN HOURS – **NEVER** refuse assigned work or a change in hours. Call Team Employment so we can help work out the problem.
4. USE OF OBSENIITIES – **NEVER** use obscenities. That is the fastest way to have a customer request a replacement.
5. BECOMING BELIGERENT – **NEVER** argue with a customer or their supervisors. Call Team Employment and let us take care of it.
6. VIOLATION OF SAFETY POLICY – **ALWAYS** follow general safety guidelines as discussed with the Job Placement Specialist, and adhere to more specific guidelines that pertain to specific job sites.

The completion of my Team Employment, LLC, application process shall constitute a conditional offer of employment subject to my availability of customer assignments requesting the skills and qualifications, which I possess, and I agree to consider acceptance of such assignments from Team Employment, LLC.

If you have any questions, please consult a Team Employment staff member before proceeding.

SIGNATURE: _____ DATE: ____/____/____

SOCIAL SECURITY #: _____ D.O.B.: ____/____/____

MAIDEN NAME / OTHER NAME USED: _____



EMPLOYMENT VERIFICATION REQUEST

TEAM EMPLOYMENT, LLC

103 E. Marlin, McPherson, KS 67460 Fax: (620) 241-2949

We have recently received an application from the individual listed below.

Employee's Name: _____ SSN: _____ - _____ - _____

Hire Date: ____/____/____ Separation Date: ____/____/____

Job Duties: _____

Performance Skill / Level	Excellent	Good	Fair	Poor
Attitude	Excellent	Good	Fair	Poor
Attendance	Excellent	Good	Fair	Poor

Is this employee eligible for rehire? YES NO

Reason for leaving: _____

Other Comments: _____

Printed Name of Person Completing Form

Signature of Person Completing Form

*****Release Authorization*****

I authorize Team Employment to contact and obtain information about me from former employers regarding work habits, skills, and conduct on the job. I release Team Employment, its Customers, and Potential Customers from any liability arising out of such inquiry.

SIGNATURE: _____ DATE: ____/____/____

SOCIAL SECURITY #: _____ D.O.B.: ____/____/____

MAIDEN NAME / OTHER NAME USED: _____